

12-11-01

11/30/01
1059 U.S. PTO

EXPRESS MAIL CERTIFICATE

Date 11-30-01 Label No. EV010937397US

I hereby certify that, on the date indicated above I deposited this paper or fee and every paper referred to therein with the U.S. Postal Service and that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

Richard T. Lyon

Name (Print)

Signature

A
JC826 U.S. PTO
10/012001
11/30/01

PATENT

Microsoft Docket No. 163230.1

LH&D No. MCS-041-01

Hon. Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

SIR:

Enclosed please find an application for United States patent as identified below:

Inventor/s: Bernhard Schoelkopf, Kentaro Toyama and Matthew T. Uyttendaele

Title: **INTERACTIVE IMAGES**

including the items indicated:

1. Specification and 74 claims: 6 indep.; 68 dep.; 0 multiple dep. (70 pages)
2. Formal Drawings: 14 sheets.
3. Patent Fee Computation Sheet (1 page) and Credit Card Payment Form (1 page)
4. Executed Declaration and Power of Attorney (3 pages)
- ✓ 5. Assignment Coversheet (3 pages) and Assignment Documents (5 pages) and Credit Card Payment Form (1 page)
6. Preliminary Amendment (1 page)
7. Petition To Accept Color Drawings Under 37 CFR 1.84(a)(2) - (2 pages), Color Drawings (9 sheets) and Credit Card Payment Form (1 page)
8. Return receipt postcard

LYON & HARR
300 Esplanade Drive
Suite 800
Oxnard, CA 93030
(805) 278-8855

Respectfully submitted


Richard T. Lyon

Reg. No. 37,385

Attorney for Applicant(s)

PATENT FEE COMPUTATION SHEET

	Claims	Number Extra	Fee
Basic Fee.....			\$ 740.00
Total Claims.....	74 - 20 =	54 x \$18	\$ 972.00
Independent Claims	6 - 3 =	3 x \$84	\$ 252.00
If Multiple Dependent Claims Are Present, Add 280.00 EA.			\$ 0.00
TOTAL AMOUNT DUE.....			\$ 1,964.00

☐ A check in the amount of \$_____ is attached.

☒ A Credit Card Payment Form (PTO-2038) for payment in the amount of \$ 1,964.00 is attached.

☐ The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.

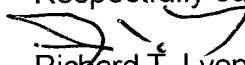
☐ Charge the amount of _____ as a filing fee.

☐ Credit any overpayment.

☐ Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

LYON & HARR
300 Esplanade Drive
Suite 800
Oxnard, CA 93030
(805) 278-8855

Respectfully submitted


Richard T. Lyon
Reg. No. 37,385
Attorney for Applicant(s)